FF OSBEG (61-09)
Approved for use through 10.2 rooms are required to respond to a collection of information (FF OSBEG (61-09))
U.S. Patient and Trinschman Office, U.S. DiPARTMENT OF COMMERCEN
U.S. Patient and Trinschman O

	OWER	E ATTORNEY TO DO				worships a valid CWR court	of numbe
I hereb	v rovoka all	F ATTORNEY TO PRO	SECUTE A	PPLICATION	IS BEF	ORE THE USPTO)
37 CFF	3 73(h)	previous powers of attorney	given in the ap	plication identif	ed in the	attached statement	under
Ihereb	y appoint:						unuer
	actitioners ass	ociated with the Customer Number:	0065589			7	
OR			L				
☐ Pr	actitioner(s) na	med below (if more than ten patent	practitioners are to	be named then a	custom or		
Г		Name				amber must be used):	
-			Registration Number		Name	Regis	tration
L			18			Nur	nber
L							
			- 8				
Г							
-							
as attorne	v(s) or agent(s) to recreased the and					
any and a attached t	ill patent applic to this form in a	to represent the undersigned beto ations assigned <u>only</u> to the undersign occordance with 37 CFR 3.73(b).	re the United State med according to t	s Patent and Trade he USPTO assignm	mark Office ent records	(USPTO) in connection y	rith s
Please ch	ange the corre	spondence address for the applicati					
		to the applicati	or identified in the	attached statement	Under 37 C	FR 3.73(b) lo:	
[X] .	The address of	ssociated with Customer Number:	0005500		- 1		
OR	THE BUILDS &	sociated with Customer Number:	0065589				
	m or						
Address	ividual Name						
City			State				- 11
Country			0.000			Zip	
Telephon							
reiepitori				Email			
Assignes h	Name and Add						
							_
Canon	ELL INTERN	ATIONAL TECHNOLOGY LTD.					- 1
Hamilt	on HM12	rictoria Street					- [
Bermu							- 1
copy of	this form, t	ogether with a statement unde on in which this form is used.	7 37 CEP 1 720	\ (F PTO/05			
lied in ea	ich spplicati	on in which this form is used. Dinted in this form if the appoi	The statement	under 37 CFR 3	73/b) max	ivalent) is required to	be
ind must	identify the	onted in this form is used. Dinted in this form if the appoi Spplication in which this Pow	nted practitions	r is authorized t	o act on b	ehalf of the agglence	of
	and are			to be med.		o. we would use	
	The ind	SIGNATU ividual whose signature and title is	RE of Assignee of supplied below is	f Record authorized to act or	behalf of	he assignee	\neg
ignature	ح	19			Date 1 0		_
lame	Carol Feathers					October 2	007
itie	General Manager				Telephone	441-298-3580	1

Title General Manager

This collection of intermed in separated by 31 CPR 131 132 and 133. The information is required to obtain or retain in behavior by the public which is to the control of the public which is 10 file under by the upset of the control of the

If you need essistence in completing the form, call 1-800-P FO-9199 and select option 2